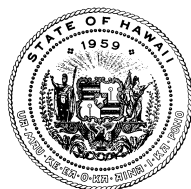


BENJAMIN J. CAYETANO
GOVERNOR OF HAWAII



BRUCE S. ANDERSON, Ph.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 3378
HONOLULU, HAWAII 96801

In reply, please refer to:
HEER OFFICE

00-005-mg

January 14, 2000

To: Facility Operators

From: Gary Gill
Deputy Director for Environmental Health
Chair, Hawaii State Emergency Response Commission

Subject: Hawaii Emergency Planning and Community Right-to-Know Act
Filing for the 1999 Reporting Year

The 1993 Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA) requires an annual submission of chemical inventories by covered facilities which must include: the Hawaii Chemical Inventory Form (HCIF) (in place of the Federal Tier II form); facility maps indicating chemical storage locations; and a \$100 filing fee per facility.

Attached is:

- 1) a preprinted HCIF;
- 2) a blank HCIF;
- 3) blue historical inventory report; and
- 4) updated contacts and instructions for filing the HCIF.

The deadline for filing is March 1, 2000, for inventories compiled during the 1999 calendar year. Please submit completed forms as follows.

Agency	Form and Updated Map	Check
HSERC	Form with Original Signature and map	Check for total Filing Fee payable to the State of Hawaii (\$100/facility)
Your County LEPC	Form with Original Signature and map	No Check
Your County Fire Dept.	Form with Original Signature and map	No Check

If you have questions regarding HEPCRA, please contact Ms. Marsha Graf with the Department of Health, Hazard Evaluation and Emergency Response (HEER) Office at (808)586-4249. Or call toll free:

Molokai and Lanai 1(800)468-4644 ext 64249
Big Island 1(800)974-4000

Maui 1(800)274-3141
Kauai 1(800)984-2400

Attachments

NOTES

Preprinted HCIFs

Please use the preprinted HCIF, if possible. Fill in any blanks and make small changes directly on the form. Initial all updates and changes. Then make three copies, and sign and date each form. Send the signed copies to the three appropriate agencies. Only include an updated map for each agency if there are changes.

Use the blank form for major corrections.

Historical Inventory Report

An historical accounting of the HEPCRA records that the HEER Office has on file for your facility is also included with this package. Keep these for your records. The history is printed on blue paper.

At the top right are boxes indicating if we received a payment from the facility for each year since we have been collecting fees. Payment received is indicated by the presence of a "100" in the box for the appropriate year. Each year chemicals were reported, a fee is also required, beginning in 1993.

If a chemical has ever been reported, it will be listed with boxes indicating each year that it appeared on your Tier II forms.

Please assist us in reconciling your histories. Submit corrections and supporting documentation if you find our tabulation does not agree with your records.

Material Safety Data Sheet (MSDS) Handling

As a reminder, while the State asked facilities not to submit MSDSs with their forms due to space constraints, the facility is required to maintain current MSDSs for its hazardous substances and to have them available upon request.

Retail Gasoline Stations

For Retail Gasoline Stations that are in full compliance with Underground Storage Tank requirements, the threshold planning quantities (TPQ) are increased to 75,000 gallons for gasoline and 100,000 gallons for diesel. This is due to the 1999 changes in Federal EPCRA Section 311-312. For those Retail Gasoline Stations that have violations documented during a compliance inspection, the TPQ reverts to 10,000 pounds. Call the EPA Hotline at 1(800)424-9346 or the HEER Office or check <http://www.epa.gov/ceppo/> for information.

Filing Fees

As a result of Act 260/97, the filing fees are deposited to an account within the Environmental Response Revolving Fund for further disbursement to the Local Emergency Planning Committee accounts.

VOLUNTARY FACILITY PROFILE SURVEY

I would like to invite covered facilities to participate in a voluntary web based survey to electronically gather information for emergency planning purposes.

Please visit <http://www.state.hi.us/health/eh/heer/profiles.html> and complete our survey page.

We hope to accomplish four things in this trial project.

1. We will collect site information required to generate a profile for each facility. The intent is to incorporate this supplemental information into the chemical Emergency Operating Plans developed by the Local Emergency Planning Committees. We are requesting more detail regarding potential releases involving chemicals listed on the HCIFs. The additional information will help generate a more complete picture of:
 - a plausible release scenario;
 - facility specific response needs; and
 - the response resources a facility could bring to an emergency at their facility or a neighboring facility.
2. Responses to this survey will help us judge if electronic data submission is useful at this time.
3. We are taking an informal poll to determine which facilities maintain electronic maps of their properties and which types of CAD or GIS formats are in use.
4. An electronic mailing list will be compiled to increase communication with covered facilities. Please include your e-mail address. It is important for maintaining a point of contact regarding this survey.

**Hawaii State Department of Health
Hazard Evaluation and Emergency Response Office (HEER)
Hazardous Substance Release Notification and Inventory Guideline**

**Emergency Planning and Community Right to Know Act of 1986 §302, §304, §311, §312 and §313
Hawaii Emergency Planning and Community Right to Know Act §128E-6, §128E-7, §128E-9
The State Contingency Plan, Title 11 Chapter 451 Hawaii Administrative Rules §11-451-7
Comprehensive Environmental Response Compensation and Liability Act §103**

The Hawaii State Emergency Response Commission (HSERC), the Local Emergency Planning Committee (LEPC), local Fire Department and the National Response Center (NRC) must receive the appropriate notification upon a covered chemical release and/or for routine inventories at the addresses and phone numbers listed in the table below.

County	HSERC	LEPC	Fire Department	NRC
Hawaii	Hawaii State Department of Health 919 Ala Moana Blvd., Room 206 Honolulu, Hawaii 96814-4912 Attn: EPCRA Data Manager Phone (808) 586-4249 After Hours (808)247-2191 Fax (808) 586-7537	Jay Sasan Industrial Safety Office 25 Aupuni St. Hilo, Hawaii 96720 Phone 961-8215 After Hours 935-3311 Fax 961-8248	Nelson Tsuji, Chief Hawaii County Fire Dept. 777 Kilauea Ave. Mall Lane, Room 6 Hilo, Hawaii 96720 Phone 961-8297 After Hours 961-8336	1(800)424-8802
C & C of Honolulu	Hawaii State Department of Health Same address and phone numbers statewide.	Leland Nakai Oahu Civil Defense 650 South King St. Honolulu, Hawaii 96813 Phone 523-4121 After Hours 911 Fax 524-3439	Attilio Leonardi, Chief Honolulu Fire Dept. 3375 Koapaka St., Ste H425 Honolulu, Hawaii 96819 Phone 831-7771 After Hours 911 Fax 831-7777	Same number nationwide.
Kauai	Hawaii State Department of Health Same address and phone numbers statewide.	Clifford Ikeda Kauai Civil Defense 4396 Rice St., Room 107 Lihue, Hawaii 96766 Phone 241-6336 After Hours 241-6711 Fax 241-6335	David Sproat, Chief Kauai Fire Department 4444 Rice St., Suite 295 Lihue, Hawaii 96766 Phone 241-6500 After Hours 241-6711	Same number nationwide.
Maui	Hawaii State Department of Health Same address and phone numbers statewide.	Joseph Blackburn, Captain Maui Fire Dept. 200 Dairy Rd. Kahului, Hawaii 96732 Phone 243-7561 After Hours 911 Fax 242-4479	Ronald Davis, Chief Maui Fire Dept. 200 Dairy Rd. Kahului, Hawaii 96732 Phone 243-7561 After Hours 243-7911	Same number nationwide.

HEER Hazardous Substance Release Notification and Inventory Guideline - Summary Implementation Table

Statute or Regulation Section Number	List of Lists(7/1/93) Column Heading	Who must Provide Information	Information to Provide	To Whom Information Goes	When to Submit Information
§302 §128E-6	Sec. 302 (EHS) TPQ	All who store in excess of the TPQ.	Letter stating that you are regulated.	HSERC, LEPC	Information due within 60 days of receipt of Extremely Hazardous Substance at a facility.
§304 §128E-7 §11-451-7 §103	EHS RQ CERCLA RQ and 10 pound RQ for TCP and Oil under the listed circumstances.*	Those who release above the RQ.	Release Notification and Written Follow-up.	HSERC, LEPC	Release Notification due immediately. Written follow-up due as soon as possible within 30 days.
§103	CERCLA RQ	Those who release above the RQ.	Release Notification	NRC	Immediately.
§311 §128E-6(2)(A)	Sec. 302 (EHS) TPQ and 10,000 pound TPQ for OSHA Hazardous Chemicals.	Those who store above the TPQ.	List of MSDS Chemicals and Hazard Categories for Each.	HSERC, LEPC, Fire Department	Due annually by March 1 for preceding calendar year inventory.
§312 §128E-6(2)(B)&(C)	Sec. 302 (EHS) TPQ and 10,000 pound TPQ for OSHA Hazardous Chemicals.	Those who store above the TPQ.	Hawaii Chemical Inventory Form (Tier II) and Site Map.	HSERC, LEPC, Fire Department	Due annually by March 1 for preceding calendar year inventory.
§128E-9		Those who submit an HCIF.	Filing Fee - \$100 per facility.	HSERC	Due annually with HCIF.
§313	Sec 313	Manufacturing facilities in SIC Codes 20-39, with more than 10 employees, which manufacture or process more than 25,000 pounds or otherwise use more than 10,000 pounds of the listed chemicals.	TRI Form R		Due annually by July 1 for preceding calendar year inventory.

*(A) Any amount of oil which when released into the environment causes a sheen to appear on surface water, or any navigable water of the State;

(B) Any free product that appears on ground water;

(C) Any amount of oil released to the environment greater than 25 gallons; and

(D) Any amount of oil released to the environment which is less than 25 gallons, but which is not contained and remediated within 72 hours.

**Hawaii State Department of Health
Hazard Evaluation and Emergency Response Office (HEER)
Hazardous Substance Inventory Guideline**

WHO MUST SUBMIT AN INVENTORY FORM

You need to report hazardous substances that were present at your facility at any time during the previous calendar year at levels that equal or exceed reporting thresholds established for Hawaii Chemical Inventory Form/Tier II (HCIF) reporting under the Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA). These thresholds are as follows:

For Extremely Hazardous Substances (EHS) designated under section 302 of The Emergency Planning and Community Right-to-Know Act (EPCRA), the reporting threshold is 500 pounds (or 227 kg) or the Threshold Planning Quantity (TPQ) whichever is lower.

For all other hazardous chemicals for which facilities are required to have or prepare a Material Safety Data Sheet (MSDS), the reporting threshold is 10,000 pounds or (4,540 kg).

WHAT CHEMICALS ARE EXCLUDED

- 1) Any food additive, color additive, drug or cosmetic regulated by the Food and Drug Administration:
- 2) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use:
- 3) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public:
- 4) Any substance to the extent it is used in research laboratory or a hospital or other medical facility under the direct supervision of a technically qualified individual:
- 5) Any substance to the extent it is used in routine agricultural operations or is a fertilizer held for sale by a retailer to the ultimate customer.

In 1999, Federal EPCRA Section 311-312 threshold planning quantities increased to 75,000 gallons for gasoline and 100,000 gallons for diesel for Retail Gasoline Stations that are in full compliance with underground storage tank regulations for the year.

WHEN TO SUBMIT THE HCIF

The HCIF must be submitted by March 1 for the previous reporting year. HCIFs for the reporting year January 1, 1999 through December 31, 1999 must be submitted by March 1, 2000.

WHERE TO SUBMIT THE HCIF

Send completed Hawaii Chemical Inventory/Tier II Forms to each of the following organizations:

- 1) The Hawaii State Emergency Response Commission (HSERC)/HEER Office (586-4249)
- 2) Your Local Emergency Planning Committee (LEPC)
- 3) The fire department with jurisdiction over your facility

FILING FEE

Under Hawaii Revised Statutes Section 128D-2, a \$100.00 filing fee must be submitted for each facility covered under HEPCRA. Please make checks or money orders payable to the State of Hawaii General Fund. **No Purchase Orders will be accepted.** Enclose payment with the HCIF(s) that you mail to the HSERC/HEER.

PENALTIES

Any owner or operator who violates any HCIF reporting requirements shall be liable to the State of Hawaii for a civil penalty of up to 25,000 for each such violation. Each day of a violation constitutes a separate violation.

Hawaii Emergency Planning and Community Right-To-Know Act (HEPCRA)

Hawaii Chemical Inventory Form/Tier II (HCIF) - INSTRUCTIONS

FACILITY INFORMATION

Enter the full name of your facility.

Enter the full street address or state road. If a street address is not available, enter other appropriate identifiers that describe the physical location of your facility. Include city, state, zip code and island.

Enter the primary Standard Industrial Classification (SIC) code and the Dun and Bradstreet number for your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. If your firm does not have this information, call 1-800-395-0792 to obtain your facility number or have one assigned.

FACILITY REPRESENTATIVE

Under Section 303 a facility representative shall be reported to the HSERC. Enter the facility representative's full name, mailing address and phone number.

OWNER/OPERATOR

Enter the owner or operator's full name, mailing address and phone number.

EMERGENCY CONTACT

Enter the name, title and work phone number of at least one local person or office who can act as a referral if emergency personnel need assistance in responding to a chemical accident at a facility

Provide an emergency phone number where emergency information will be available 24 hours a day, every day. This requirement is mandatory. The facility must make some arrangement to ensure that a 24-hour contact is available.

CHEMICAL INFORMATION

The main section of the Hawaii Chemical Inventory Form requires specific information on amounts and locations of hazardous chemicals, as defined in the OSHA Hazard Communication Standard.

CHEMICAL DESCRIPTION

Enter the chemical name or common name of each hazardous chemical

Enter the Chemical Abstract Service registry number (CAS). For mixtures, enter the CAS number of the mixture as a whole it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank or report the CAS number of as many constituent chemicals as possible.

Check whether the chemical is or contains an Extremely Hazardous Substance (EHS). If the chemical is a mixture containing an EHS, enter the chemical name of each EHS in the mixture.

Check box for all applicable descriptors: pure or mixture and solid, liquid or gas.

PHYSICAL AND HEALTH HAZARDS

For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.2. The two health hazard categories and three physical categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard 29 CFR 1910.120.

MAXIMUM AMOUNTS

For each hazardous chemical, estimate the greatest amount in pounds present at your facility on any single day during the reporting period.

Find the appropriate range value code under Reporting Ranges.

Enter this range value code as the maximum amount.

AVERAGE DAILY AMOUNT

For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year.

To do this, total all daily weights and divide by the number of days the chemical was present on the site.

Find the appropriate range value under Reporting Ranges.

Enter this range value as the Average Daily Amount.

NUMBER OF DAYS ON-SITE

Enter the number of days that the hazardous chemical was found on-site.

STORAGE CODES AND LOCATIONS

List all non-confidential chemical locations in this column along with storage types/conditions associated with each location. You may list several locations for a particular chemical. Each column of boxes indicates a type of storage container (for example: an underground storage tank at ambient pressure and temperature (B14) or a compressed gas cylinder at ambient temperature (L24)) and the corresponding line represents a location for that container.

STORAGE CODES

Indicate the code for the container types and the pressure and temperature conditions for that storage container.

STORAGE LOCATIONS

Provide a brief description of the precise location of the chemical so that emergency responders can locate the area easily. These descriptions must correspond to the site plan that you provide.

CERTIFICATION

The owner, operator or the officially designated representative of the owner or operator must certify that all information included in the HCIF submission is true, accurate and complete. On the first page of the report enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included in the Confidential and Non-confidential information sheets as well as all attachments. An original signature is required on at least the first page of the submission. Submissions to the HSERC, LEPC and Fire department must each contain an original signature on at least the first page. Subsequent pages must contain either an original signature, a photocopy of the original signature or a signature stamp. Each page must contain the date on which the original signature was affixed to the first page of the submission and the total number of pages in the submission.

Reporting Ranges

<u>Range Value</u>	<u>From (Pounds)</u>	<u>To (Pounds)</u>
01	0	99
02	100	999
03	1,000	9,999
04	10,000	99,999
05	100,000	999,999
06	1,000,000	9,999,999
07	10,000,000	49,999,999
08	50,000,000	99,999,999
09	100,000,000	499,999,999
10	500,000,000	999,999,999
11	1 billion	Greater than 1 billion

Storage Codes for Container Type

A	Above ground tank
B	Below ground tank
C	Tank Inside building
D	Steel drum
E	Plastic or non-metallic drum
F	Can
G	Carboy
H	Silo
I	Fiber drum
J	Bag
K	Box
L	Cylinder
M	Glass bottles or jugs
N	Plastic bottles or jugs
O	Tote bin
P	Tank Wagon
Q	Rail car
R	Other

Storage Codes for Pressure and Temperature Conditions

1	Ambient Pressure
2	Greater than ambient pressure
3	Less than ambient pressure
4	Ambient temperature
5	Greater than ambient temperature
6	Less than ambient temperature but not cryogenic
7	Cryogenic conditions

Hawaii State Department of Health

Hazard Evaluation and Emergency Response Office (HEER)

Hazardous Substance Release Notification Guideline

Overview of Requirements

In Hawaii, owners and operators of facilities or vessels reporting covered releases of hazardous substances are subject to state notification requirements under the Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA) and Title 11, Chapter 451, Hawaii Administrative Rules, the State Contingency Plan (SCP).

Pursuant to the requirements of the State Contingency Plan, the owner or operator of a facility or vessel must immediately notify the Hawaii State Emergency Response Commission (HSERC)/HEER (586-4249 or 247-2191 after work hours) and the Local Emergency Planning Committee (LEPC) of the appropriate jurisdiction after the release of:

- 1) a listed hazardous substance designated under section 11-451-5(b), in quantities equal to or exceeding the reportable quantity criteria in section 11-451-6(b) in any 24-hour period;
- 2) or an unlisted hazardous substance designated under section 11-451-5(c), in quantities equal to or exceeding the reportable quantity criteria in section 11-451-6(c) in any 24-hour period.

Note: HSERC/HEER are listed together because the Hawaii State Department of Health Hazard Evaluation and Emergency Response Office is the administrative contact for the Hawaii State Emergency Response Commission.

An exception from immediate notification is provided for releases of oil of less than 25 gallons in any 24-hour period which is not contained and remedied within 72-hours. Such releases must be reported in written form only within 30 days of the discovery of the release.

In the case of a release that occurs "with respect to transportation of a substance", dialing 911 or contacting the operator and reporting such a release will satisfy the initial emergency notification requirements. The owner or operator of the facility or vessel must also provide a written follow-up notice. If a release of a hazardous substance poses an imminent or immediate threat to public health or the environment, dial 911 to request fire, police, or emergency medical service personnel response.

Immediate Notification Contents

Immediate verbal notification to the department and LEPC shall consist of providing the following information to the extent known at the time of the notice so long as no delay in responding to the emergency results. (Do not delay due to incomplete notification information related to the release.)

- (1) The name (trade and chemical) and chemical abstract service registry number, if available, of the hazardous substance which has been released;
- (2) The approximate quantity of the hazardous substance, pollutant, or contaminant which has been

released;

- (3) The reportable quantity or other notification threshold that is the basis for notification;
- (4) The location of the release;
- (5) A brief description of the release including the medium or media into which the release occurred or is likely to occur, and the cause of the release;
- (6) The date, time, and duration of the release, and the date and time that the person in charge of the facility or vessel where the release occurred, obtained knowledge of the release;
- (7) The source of the release;
- (8) The name, address and telephone number of the caller;
- (9) The name, address and telephone number of the owner and operator of the facility or vessel where the release has occurred;
- (10) The name and telephone number of a contact person at the facility or vessel where the release has occurred;
- (11) Measures taken or proposed to be taken in response to the release as of the time of the notification, and any appropriate information relating to the ability of the owner or operator of the facility or vessel where the release has occurred to pay for or perform any proposed or required response actions;
- (12) The names of other federal, state, or local government agencies that have been notified of the release;
- (13) Any known or anticipated acute or chronic health risks associated with the release and where appropriate, advice regarding medical attention necessary for exposed individuals; and
- (14) Any other information which is relevant to assessing the hazard posed by the release, including but without limitation potential impacts to public health or welfare, or the environment.

Written Follow-Up Notification Contents

Notice, including all information provided in the verbal notification described above and any other pertinent information not previously provided, shall also be made in writing to the department. This written notice shall be post-marked no later than thirty (30) days after initial discovery of a release, and sent by certified mail or another means which provides proof of delivery.

Federal Requirements under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)

Releases of Reportable Quantities (RQ) of CERCLA hazardous substances must also be reported to the National Response Center at 1(800)424-8802.

This guideline is general in nature and is provided to assist in complying with HEPCRA and the SCP in Hawaii and does not have the force and effect of law. To ensure full compliance under the law, persons affected should review the appropriate Federal and State statutes and regulations. Failure to report a covered release under these laws and regulations may prompt EPA or State enforcement action including penalties not to exceed fines of \$25,000 per day per violation or imprisonment. Copies of the laws and regulations may be obtained by contacting the HSERC/HEER at 586-4249 or the EPCRA Hotline at 1(800)535-0202.

Hawaii Hazardous Substance Written Follow-Up Notification Guideline

PLEASE PROVIDE THE FOLLOWING INFORMATION

Chemical Information

(1) Name (trade and chemical) of the hazardous substance which has been released: _____

Chemical Abstract Service (CAS) Registry Number: _____

(2) Approximate quantity of the hazardous substance released: _____

(3) The reportable quantity or other notification threshold that is the basis for notification:

Regulated Substance	RQ
EHS	
CERCLA	
Title 11, Chapter 451	

Incident Information

(4) Location of the release: _____

(5) A brief description of the release: _____

Media into which the release occurred or is likely to occur:

Air Soil Ground Water Concrete Asphalt Stream Ocean Other

Cause of the release: _____

(6) Date of the release: _____

Time of the release: _____

Duration of the release: _____

Date: _____

Time: _____

that the person in charge of the facility or vessel where the release occurred, obtained knowledge of the release.

(7) Source of the release: _____

Contact Information

(8) Caller's

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

(9) Owner's

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Operator's

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

(10) Name of a contact person at the facility or vessel where the release has occurred: _____

(11)

Telephone number: _____

Response Information

(11) Response measures taken thus far: _____

Any appropriate information relating to the ability of the owner or operator of the facility or vessel where the release has occurred to pay for or perform any proposed or required response actions: _____

(12) The names of other federal, state, or local government agencies that have been notified of the release:

Health Information

(13) Known or anticipated acute health risks:_____

Known or anticipated chronic health risks:_____

Advice regarding medical attention necessary for exposed individuals:_____

(14) Potential impacts to public health or welfare:_____

Potential impacts to the environment:_____

STATE OF HAWAII
CHEMICAL INVENTORY FORM (TIER II)

Remit \$100.00 Filing Fee per Facility

FACILITY IDENTIFICATION				OWNER/OPERATOR			
Name:				Name: _____ Phone () _____			
Address:				Mailing Address: _____			
City:		State:		City:		State:	
Zip Code:		Oahu		Zip Code:			
Island: (circle one) Hawaii Kauai Lanai Molokai				EMERGENCY CONTACT			
SIC Code: Dun and Bradstreet #:				Name: _____ Title: _____			
FACILITY REPRESENTATIVE				24 hour phone: () _____			
Name/Position				Title: _____			
Phone: () _____				24 hour phone: () _____			
Mailing Address:				Name: _____			
City:				State:			
Zip Code:				REPORTING PERIOD: January 1, through December 31, 19 _____			

CHEMICAL DESCRIPTION		PHYSICAL AND HEALTH HAZARDS (Check all that apply)		INVENTORY (See Instructions for Storage Codes)		STORAGE CODES AND LOCATIONS (Non-Confidential) (See Instructions for Storage Codes)	
Chemical Name:		Fire		Maximum Daily Amount		Container Type	
CAS Number:		Sudden Release of Pressure		Average Daily Amount		Pressure	
Contains EHS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reactivity		Number of Days On-Site		Temperature	
EHS Name:		Immediate (acute)					
MEDIA:		Delayed (chronic)					
Solid <input type="checkbox"/>	Pure <input type="checkbox"/> Liquid <input type="checkbox"/> Mix <input type="checkbox"/> Gas <input type="checkbox"/>						
Chemical Name:		Fire		Maximum Daily Amount		Container Type	
CAS Number:		Sudden Release of Pressure		Average Daily Amount		Pressure	
Contains EHS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reactivity		Number of Days On-Site		Temperature	
EHS Name:		Immediate (acute)					
MEDIA:		Delayed (chronic)					
Solid <input type="checkbox"/>	Pure <input type="checkbox"/> Liquid <input type="checkbox"/> Mix <input type="checkbox"/> Gas <input type="checkbox"/>						
Chemical Name:		Fire		Maximum Daily Amount		Container Type	
CAS Number:		Sudden Release of Pressure		Average Daily Amount		Pressure	
Contains EHS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reactivity		Number of Days On-Site		Temperature	
EHS Name:		Immediate (acute)					
MEDIA:		Delayed (chronic)					
Solid <input type="checkbox"/>	Pure <input type="checkbox"/> Liquid <input type="checkbox"/> Mix <input type="checkbox"/> Gas <input type="checkbox"/>						

CERTIFICATION:		READ AND SIGN AFTER COMPLETING ALL SECTIONS		OTHER ATTACHED INFORMATION:	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.				I have attached a site plan. <input type="checkbox"/>	
				I have attached a location area map. <input type="checkbox"/>	
				I have attached a description of dikes & other safeguard measures. <input type="checkbox"/>	
Print name and official title of owner/operator's authorized representative		Signature		Date	
Date Payment Received		Reviewed by		Date	
Check No.		FOR DOH/HEER USE ONLY		COMMENTS:	
Date HCIF Received		Facility ID#		Document #	